

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|--------------------|---------------|-----------------|
| FEE DETERMINATION | <i>Maile</i> | | <i>11-18-01</i> |
| O.A.P.E. CLASSIFIER | <i>Ward</i> | | <i>11-21-01</i> |
| FORMALITY REVIEW | <i>[Signature]</i> | <i>536</i> | <i>11-14-01</i> |
| RESPONSE FORMALITY REVIEW | <i>[Signature]</i> | <i>TC 536</i> | <i>02-10-02</i> |
| | <i>[Signature]</i> | <i>536</i> | <i>10-07-02</i> |

INDEX OF CLAIMS

- ✓ _____ Rejected
- _____ Allowed
- (Through appeal) _____ Canceled
- + _____ Restricted
- N _____ Non-directed
- I _____ Interference
- A _____ Appeal
- O _____ Objected

| Claim | Final | Original | Claim | Final | Original | Claim | Final | Original |
|-------|-------|----------|-------|-------|----------|-------|-------|----------|
| 1 | | | 51 | | | 101 | | |
| 2 | | | 52 | | | 102 | | |
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| 48 | | | 98 | | | 148 | | |
| 49 | | | 99 | | | 149 | | |
| 50 | | | 100 | | | 150 | | |

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

10 705
804-710
11/12/02
202
6/12